

## Corporations/Partnerships/Kennel/Stable Name

INDICATE NATURE OF ENTITY FOR  
WHICH APPLICATION IS BEING MADE:

\$10 LICENSE FEE

- ☐ 500 Corporation  
☐ 502 Partnership  
☐ 503 Stable/Kennel Name

Federal ID Number: \_\_\_\_ - \_\_\_\_

NAME: \_\_\_\_\_

### COMMISSION USE ONLY

Date Licensed \_\_\_\_\_

License No. \_\_\_\_\_

License Fee \_\_\_\_\_ CA \_\_\_\_ CK \_\_\_\_

Licensing Assistant \_\_\_\_\_

Business No. \_\_\_\_\_

Temp (501) License No. \_\_\_\_\_

Temp Date \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

Full Disclosure must be made of all individuals involved in a corporation or partnership in accordance with the rules and regulations of the Iowa Racing and Gaming Commission. The Commission may deny, suspend or revoke the license of a corporation or partnership if a person who would be ineligible to be licensed as an owner, owns a beneficial interest in the entity regardless of the percentage of ownership.

### PLEASE READ CAREFULLY — ALL QUESTIONS MUST BE ANSWERED

**491-6.17 (99D) KENNEL/STABLE NAME** — Licensed owners and lessees wishing to race under a kennel/stable name may do so by applying for a license with the commission on forms furnished by the commission. A kennel/stable name license is only necessary if the kennel/stable name is a name other than the licensed owner's legal name (first and last name), the owner's full name, followed by the word "kennel" or "stable," or a licensed partnership or corporation.

**491-6.19 (99D) PARTNERSHIPS** — A partnership is defined as a formal or informal arrangement between two or more persons to own a racing animal. All partnerships, excluding husband and wife, must be licensed with the commission on forms furnished by the commission. The managing partner(s) listed on the application and all parties owning 5 percent or more must be licensed as individual owners before the partnership will be considered licensed by the commission. An authorized agent may be appointed to present the partnership in all matters and be responsible for all stakes, forfeits, entries, scratches, signing of claim slips, and other obligations, in lieu of the managing partner(s).

**491-6.20 (99D) CORPORATIONS** — All corporations must be duly licensed by the commission on forms furnished by the commission. In addition, any stockholder owning a beneficial interest of 5 percent or more of the corporation must be licensed as an owner. The corporation must submit a complete list of stockholders owning a beneficial interest of 5 percent or more. A corporation, in lieu of an executive officer, may appoint a racing manager or an authorized agent for the purposes of entry, scratches and the signing of claim slips, among other obligations.

**FOR STABLE/KENNEL NAME APPLICATION**

Stable/Kennel Name: \_\_\_\_\_

Stable/Kennel Address: \_\_\_\_\_

Stable/Kennel Telephone Number: \_\_\_\_\_

Racing Manager: \_\_\_\_\_

Who is Your Trainer? \_\_\_\_\_

Horse(s)/Dog(s) Name(s): \_\_\_\_\_

**FOR CORPORATE APPLICATION**

Corporate Name: \_\_\_\_\_

Principal Corporate Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Total Number of Shareholders: \_\_\_\_\_

Name of Executive Officer, Racing Manager or Authorized Agent: \_\_\_\_\_

*If someone other than a party to this corporation, an authorized agent application must be filled out.*

Who is Your Trainer? \_\_\_\_\_

Horse(s)/Dog(s) Name(s): \_\_\_\_\_

**FOR PARTNERSHIP APPLICATION**

Partnership Name: \_\_\_\_\_

Total Number of Partners: \_\_\_\_\_

Name of Managing Partner: \_\_\_\_\_

Managing Partner's Address: \_\_\_\_\_

Managing Partner's Telephone Number: \_\_\_\_\_

Who is Your Trainer? \_\_\_\_\_

Horse(s)/Dog(s) Name(s): \_\_\_\_\_

**It is the responsibility of the applicant to amend this application promptly when changes occur in ownership. Failure to do so may result in disciplinary action.**



**LISTING OF SHAREHOLDERS/PARTNERS**

NAME			DATE OF BIRTH
ADDRESS			SOCIAL SECURITY NO.
CITY	STATE	ZIP	PERCENTAGE

NAME			DATE OF BIRTH
ADDRESS			SOCIAL SECURITY NO.
CITY	STATE	ZIP	PERCENTAGE

NAME			DATE OF BIRTH
ADDRESS			SOCIAL SECURITY NO.
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ADDRESS			SOCIAL SECURITY NO.
CITY	STATE	ZIP	PERCENTAGE

In making this application for license to participate in racing/gaming in the state of Iowa, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom any person owning a beneficial interest in this entity may have. This inquiry may include information as to the character, general reputation, personal characteristics which may be applicable. It is further understood that this report will include information as to criminal history, character, general reputation and personal characteristics which may be applicable.

**99D.8A(4) IOWA CODE: "A person who knowingly makes a false statement on the application is guilty of an aggravated misdemeanor." Penalty for such may result in a fine up to \$5000, imprisonment up to 2 years, or both.**

My signature verifies that I understand that failure to provide true and complete information, or failure to comply with Commission rules may result in a fine, denial or revocation of this license.

Signature of person executing application: \_\_\_\_\_ Date: \_\_\_\_\_